

OUR GOAL:
Children will be
safe from abuse
and neglect

"I'm not a bad mom," Allison told her newly assigned Child Protective Services (CPS) social worker in the fall of 2004.

Her six-year-old son Brendan agreed—as long as his mother hadn't been drinking. It scared him when she drank, Brendan told his teacher, because she would hit and push him, and he could not wake her up when she fell asleep.

Brendan's school had immediately contacted law enforcement, who interviewed Brendan, then attempted to interview Allison at home. The deputy found that Allison was far too intoxicated to care for her child. He took Brendan into protective custody and called CPS.

In contacting family, friends, and neighbors, the CPS social worker found that Allison had strong social support, and was an alcoholic who had maintained sobriety for well over a decade before relapsing. Allison was both willing and grateful to receive help for her addiction, and her sisters stepped up to care for Brendan while she went to inpatient treatment. She made excellent progress, and both Allison and Brendan were eager to reunite.

When Allison completed treatment, Brendan was sent home to her with several safeguards in place, including Family Preservation Services (FPS); the watchful eyes of their CPS social worker, family, friends, neighbors, and Brendan's school and daycare; and Brendan's promise to his mother that "if you ever drink again, I will tell everyone."

Unfortunately, Allison relapsed immediately.

Brendan's aunts wanted to support him, but could not provide a home for him again. As his CPS social worker drove him to a foster home, Brendan began crying and asked why his mom drank again, and if he was going to the foster home "forever."

Allison progressed through treatment to a relapse prevention program and requested parenting classes, as well as counseling for Brendan and for herself.

Despite the relapse, Allison was still committed to being sober, and to her son. She apologized to Brendan for letting him down, asked for her social worker's continued support, and found another

relative who could care for Brendan while she returned to treatment. She progressed through treatment to a relapse prevention program and requested parenting classes, as well as counseling for Brendan and for herself.

Visits between Brendan and Allison were consistent, frequent, and positive throughout his time in out-of-home care. As Brendan began having overnight visits with his mom, she worked to make his transition back home as smooth as possible. Finally, in the summer of 2005, the court granted an in-home dependency and Brendan returned to Allison's care permanently. Over the next six months before the dependency was dismissed, Brendan reported to his social worker that he felt safe and well-cared for with his mother, and was very happy to be home.

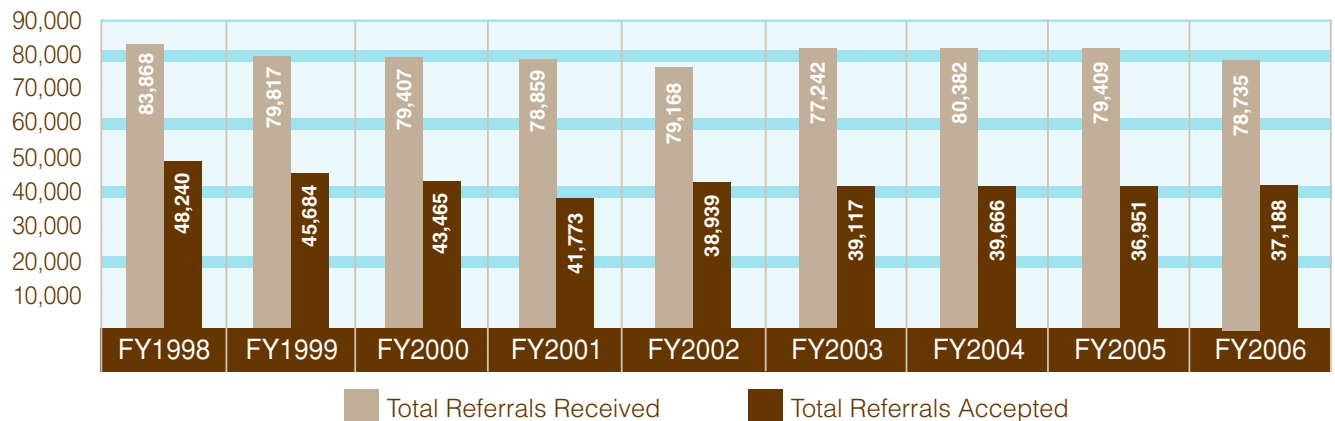


The Children's Administration's main priority is ensuring that children are safe from harm. The administration depends upon the caring, conscientious action of relatives, neighbors, schoolteachers, doctors, and concerned community members to inform Child Protective Services (CPS) when they suspect that a child is being abused or neglected.

A concerned citizen may act on behalf of a vulnerable child simply by placing a call to CPS. When a call comes in to CPS, the social worker receiving the report must decide to investigate or refer a family for services based upon the information provided. More than 78,000 referrals of suspected abuse or neglect were reported in Fiscal Year 2006. Of those, more than 37,000 referrals met the legal definition of abuse or neglect and were investigated by the administration.

More than 7,300 families with children deemed at low to moderately low risk of harm were offered alternative intervention services in Fiscal Year 2006. Of these, over 2,400 families were referred to the Alternative Response System (ARS). Families directed to the ARS program are typically referred to CPS for neglect issues, and have had little to no contact with CPS in the past. ARS services are delivered by community-based agencies that are contracted to serve families in the least intrusive manner that is reasonably likely to improve family cohesiveness, prevent re-referrals of the family for alleged child maltreatment, and improve the health and safety of children.

Child Protective Services (CPS) Referrals*



* Number of referrals received per fiscal year. Includes Division of Children and Family Services (DCFS) and Division of Licensed Resources (DLR) Child Protective Services referrals. Source: Executive Management Information System (EMIS) report.

The administration tracks referrals by type of abuse and neglect, in addition to monitoring the number of referrals received annually and the number of cases where children were found to have been abused or neglected.

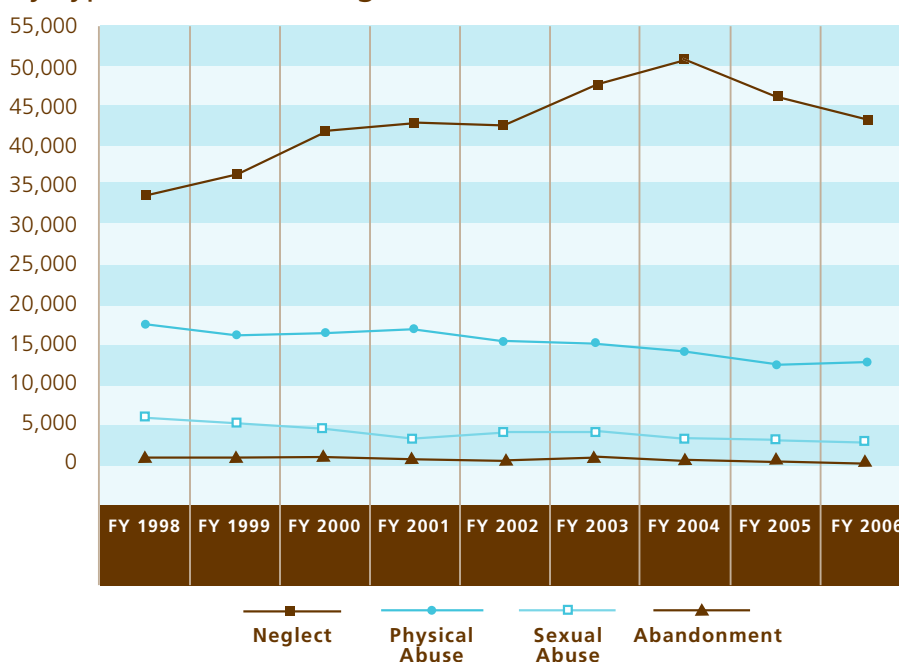
Referrals for neglect increased dramatically between Fiscal Years 1998 and 2004, but have begun to decline over the past two years. Referrals for physical abuse, sexual abuse, and abandonment have all leveled off or decreased over the past nine years.

In 2005, the Washington State Legislature passed ESSB 5922, which amends RCW 26.44.020 to expand the definition of neglect in 2007. This bill gives the administration the ability to intervene in cases of chronic neglect where the health, welfare or safety of the child is at risk. When chronic neglect has been found to exist in a family, the legal system will reinforce the need for parents' early engagement in services that may decrease the likelihood of future abuse or neglect.

The Children's Administration works toward improving child safety by providing services and supports designed to maintain the objectives of initiating timely investigations, reducing recurrence of abuse or neglect, improving safety when returning children home, and improving safety for children in out-of-home care. Performance measures for these objectives include:

- Children seen face-to-face by a social worker following a referral accepted for investigation.
- Children who are re-abused.
- Children who are placed in out-of-home care due to abuse or neglect with prior placement due to abuse or neglect.
- Children who are abused or neglected in out-of-home care.
- Foster homes receiving health and safety checks.

Alleged Victims in Accepted CPS Referrals by Type of Abuse or Neglect*



*Number of child victims in CPS referrals by type of child abuse or neglect. Victims may be referred for more than one type of abuse. Source: September 2006 CAMIS download.

The legal definition of child abuse and neglect (RCW 26.44.020)

Washington State law defines child abuse or neglect by a parent or caregiver as, “the injury, sexual abuse, sexual exploitation, or negligent treatment or maltreatment of a child by any person under circumstances which indicate that the child’s health, welfare and safety is harmed.” Parent or caregiver abuse does not include third party abuse which involves the abuse of a child by someone other than that child’s parent or guardian.

What is child abuse or neglect? (WAC 388-15-009)

Child abuse or neglect means the injury, sexual abuse, sexual exploitation, negligent treatment, or maltreatment of a child under circumstances which indicate that the child’s health, welfare, and safety is harmed. An abused child is a child who has been subjected to child abuse or neglect as defined in this section.

Physical Abuse means the non-accidental infliction of physical injury or physical mistreatment on a child. Physical abuse includes, but is not limited to, such actions as:

- (a) Throwing, kicking, burning or cutting a child;
- (b) Striking a child with a closed fist;
- (c) Shaking a child under age three;
- (d) Interfering with a child’s breathing;
- (e) Threatening a child with a deadly weapon; or
- (f) Doing any other act that is likely to cause and which does cause bodily harm greater than transient pain or minor temporary marks or which is injurious to the child’s health, welfare and safety.

Physical discipline of a child, including the reasonable use of corporal punishment, is not considered abuse when it is reasonable and moderate and is inflicted by a parent or guardian for the purpose of restraining or correcting the child. The age, size, and condition of the child, and the location of any inflicted injury shall be considered in determining whether the bodily harm is reasonable or moderate. Other factors may include the developmental level of the child and the nature of the child’s misconduct. A parent’s belief that it is necessary to punish a child does not justify or permit the use of excessive, immoderate or unreasonable force against the child.

Sexual Abuse means committing or allowing to be committed any sexual offense against a child as defined in the criminal code. The intentional touching, either directly or through the clothing, of the sexual or other intimate parts of a child or allowing, permitting, compelling, encouraging, aiding, or otherwise causing a child to engage in touching the sexual or other intimate parts of another for the purpose of gratifying the sexual desire of the person touching the child, the child, or a third party. A parent or guardian of a child, a person authorized by the parent or guardian to provide childcare for the child, or a person providing medically recognized services for the child, may touch a child in the sexual or other intimate parts for the purposes of providing hygiene, child care, and medical treatment or diagnosis.

Sexual Exploitation includes, but is not limited to, such actions as allowing, permitting, compelling, encouraging, aiding, or otherwise causing a child to engage in:

- (a) Prostitution;
- (b) Sexually explicit, obscene or pornographic activity to be photographed, filmed or electronically reproduced or transmitted; or
- (c) Sexually explicit, obscene or pornographic activity as part of a live performance, or for the benefit or sexual gratification of another person.

Negligent Treatment or maltreatment means an act or a failure to act on the part of the child's parent, legal custodian, guardian or caregiver that shows a serious disregard of the consequences to a child of such magnitude that it creates a clear and present danger to the child's health, welfare, and safety. A child does not have to suffer actual damage or physical or emotional harm to be in circumstances which create a clear and present danger to the child's health, welfare and safety. Negligent treatment or maltreatment includes, but is not limited to:

- (a) Failure to provide adequate food, shelter, clothing, supervision, or health care necessary for a child's health, welfare and safety. Poverty and/or homelessness do not constitute negligent treatment or maltreatment in and of themselves;
- (b) Actions, failures to act, or omissions that result in injury to or which create a substantial risk of injury to the physical, emotional, and/or cognitive development of a child; or
- (c) The cumulative effects of consistent inaction or behavior by a parent or guardian in providing for the physical, emotional and developmental needs of a child, or the effects of chronic failure on the part of the parent or guardian to perform basic parental functions, obligations, and duties, when the result is to cause injury or create a substantial risk of injury to the physical, emotional, and/or cognitive development of the child.

What is child abandonment? (WAC 388-15-011)

A parent or guardian abandons a child when the parent or guardian is responsible for the care, education or support of a child and:

- (a) Deserts the child in any manner whatever with the intent to abandon the child;
- (b) Leaves a child without the means or ability to obtain one or more of the basic necessities of life such as: food, water, shelter, hygiene, and medically necessary health care; or
- (c) Forgoes for an extended period of time parental rights, functions, duties and obligations despite an ability to exercise such rights, duties, and obligations.

Abandonment of a child by a parent may be established by conduct on the part of a parent or guardian that demonstrates a substantial lack of regard for the rights, duties, and obligations of the parent or guardian or for the health, welfare, and safety of the child. Criminal activity or incarceration of a parent or guardian does not constitute abandonment in and of themselves, but a pattern of criminal activity or repeated or long-term incarceration may constitute abandonment of a child.

OBJECTIVE: Initiate timely investigations
MEASURED BY: Children seen face-to-face by a social worker following a referral accepted for investigation

When responding to any allegation of abuse or neglect, an intake social worker must determine the best course of action based upon the information provided. Social workers rely upon community members for information about the nature of suspected abuse or neglect, and to provide adequate information that will aid investigators in identifying and locating the child or children.

When an intake social worker determines that a referred child is at moderate to high risk of harm, Child Protective Services (CPS) staff accepts the referral for investigation. The level of severity and urgency of the situation are assessed, and the referral is determined to require an emergent or non-emergent response to assess child safety. In Fiscal Year 2005, the Governor required that the Children's Administration decrease social worker response time for making face-to-face contact with children in both emergent and non-emergent referrals.

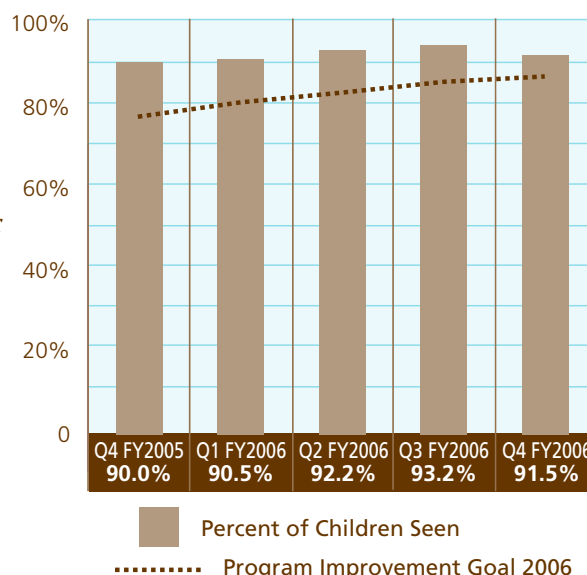
Effective April 29, 2005, when children are assessed to be at risk of imminent harm, social workers must make face-to-face contact within 24 hours of the administration receiving the referral. In the past, social workers were required to initiate investigations within 24 hours, and make face-to-face contact with children as soon as possible within ten working days of receiving referrals.

Effective August 8, 2005, the face-to-face contact response time for non-emergent referrals where children are assessed not to be at imminent risk of harm decreased from ten working days to within 72 hours of receiving referrals.

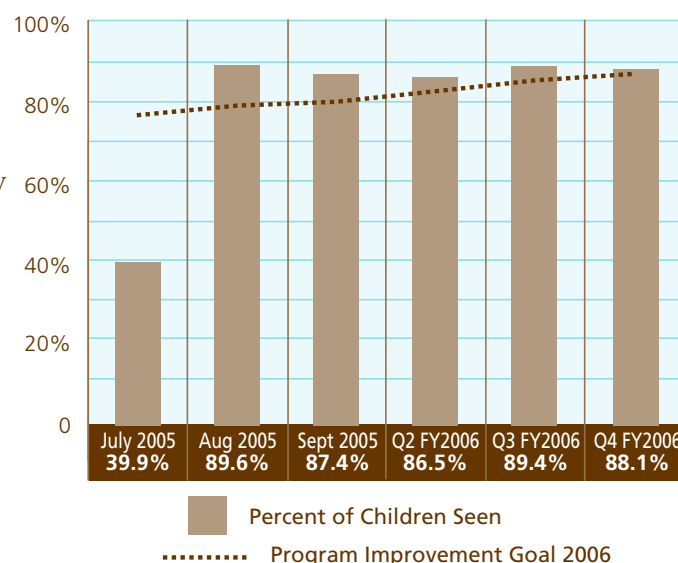
The federal program improvement goal for timely investigations is for social workers to make face-to-face contact with children within required response times at a rate of 80 percent by September 2005, and 90 percent by September 2006.

The administration met the 2005 goal for both emergent and non-emergent referrals. We surpassed the 2006 goal in every quarter of Fiscal Year 2006 for emergent referrals, and at 88.1 percent as of the end of the fiscal year, we are on track to meet this goal for non-emergent referrals as well.

Children in Emergent Referrals Seen Within 24 Hours*



Children in Non-Emergent Referrals Seen Within 72 Hours**



*Percent of children in emergent referrals seen or attempted within 24 hours. Excludes Division of Licensed Resources (DLR) CPS referrals. The federal Program Improvement Plan goal is 80 percent by September 2005, and 90 percent by September 2006. Source: October 2006 CAMIS download.

**Percent of children in non-emergent referrals seen or attempted within 72 hours. Excludes Division of Licensed Resources (DLR) CPS referrals. The federal Program Improvement Plan goal is 80 percent by September 2005, and 90 percent by September 2006. Source: October 2006 CAMIS download.

OBJECTIVE: Reduce recurrence of abuse or neglect
MEASURED BY: Children who are re-abused

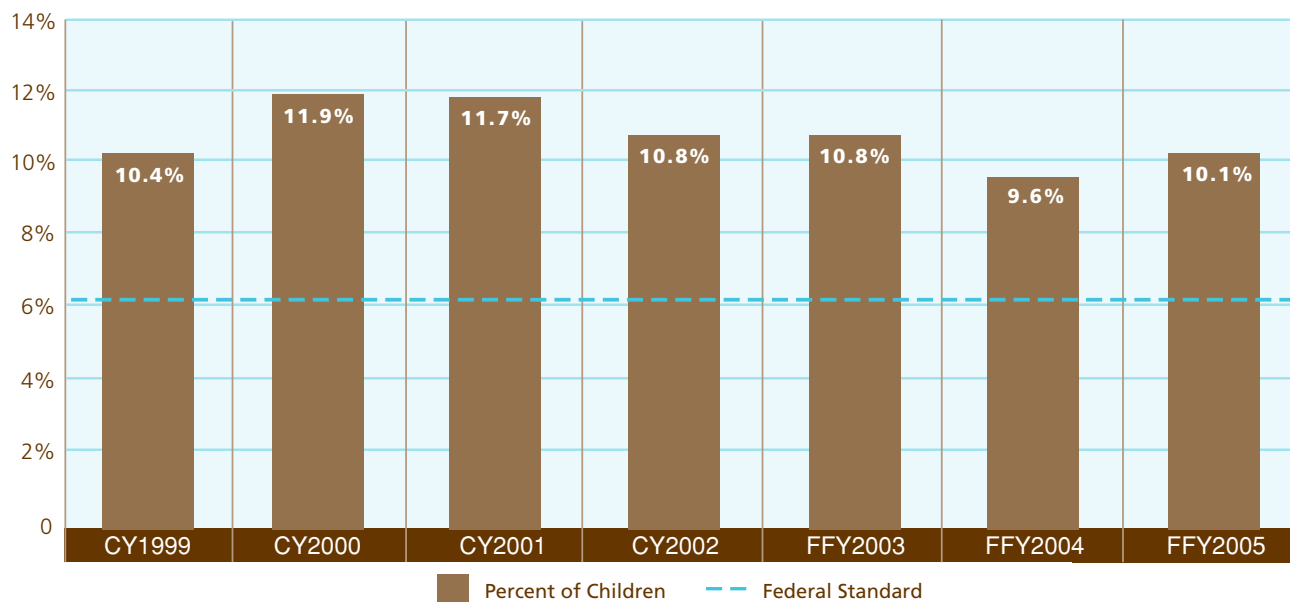
Any child who experiences a founded allegation of abuse or neglect within six months of a previous founded incident of abuse or neglect is considered to be a victim of re-abuse.

Families that have experienced multiple founded allegations of abuse or neglect warrant additional monitoring and involvement on the part of the Children's Administration. These families have demonstrated that despite increased efforts to support them in creating safe and stable homes, they are unable to secure the safety of the children within their care.

The federal standard requires that no more than 6.1 percent of children who have been the victims of abuse or neglect will experience an additional founded allegation of abuse or neglect. The recurrence rate in Washington State has failed to meet the federal standard throughout the seven-year tracking period.

The administration has worked toward improving practice so that fewer children experience additional incidents of abuse or neglect at the hands of their caregivers, while also examining data tracking and reporting methods in an effort to make statistical reporting more congruent with federal methods.

Children Who Were Re-Abused*



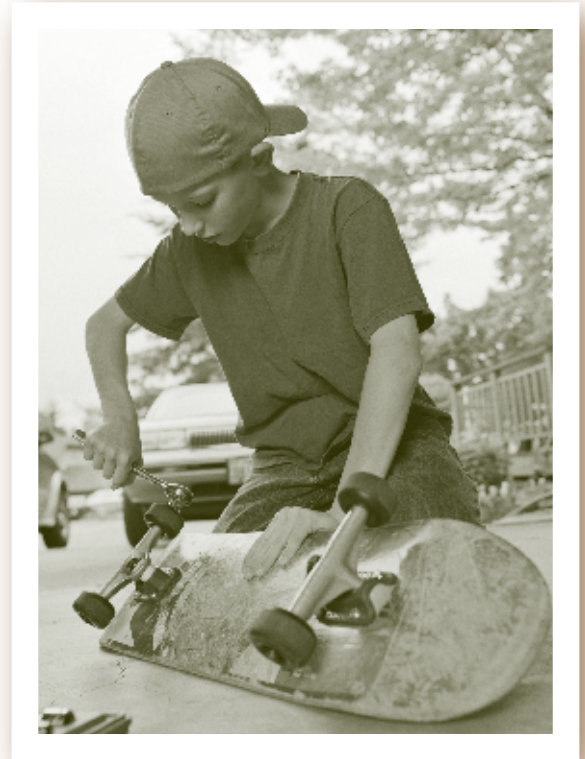
*Percent of children with a founded referral of abuse or neglect who experienced an additional founded referral of abuse or neglect within six months of the initial referral. "Founded" means that an investigation concluded that the maltreatment was more likely than not to have occurred. For referrals with multiple allegations, the referral is considered founded if any of the allegations are founded. The federal standard is 6.1 percent or less. In 2002, the federal government changed the required reporting period from calendar year to federal fiscal year. Source: federal fiscal year data submitted to the National Child Abuse and Neglect Data System (NCANDS).

OBJECTIVE: Improve safety when returning children home
MEASURED BY: Children who are placed in out-of-home care due to abuse or neglect with prior placement due to abuse or neglect

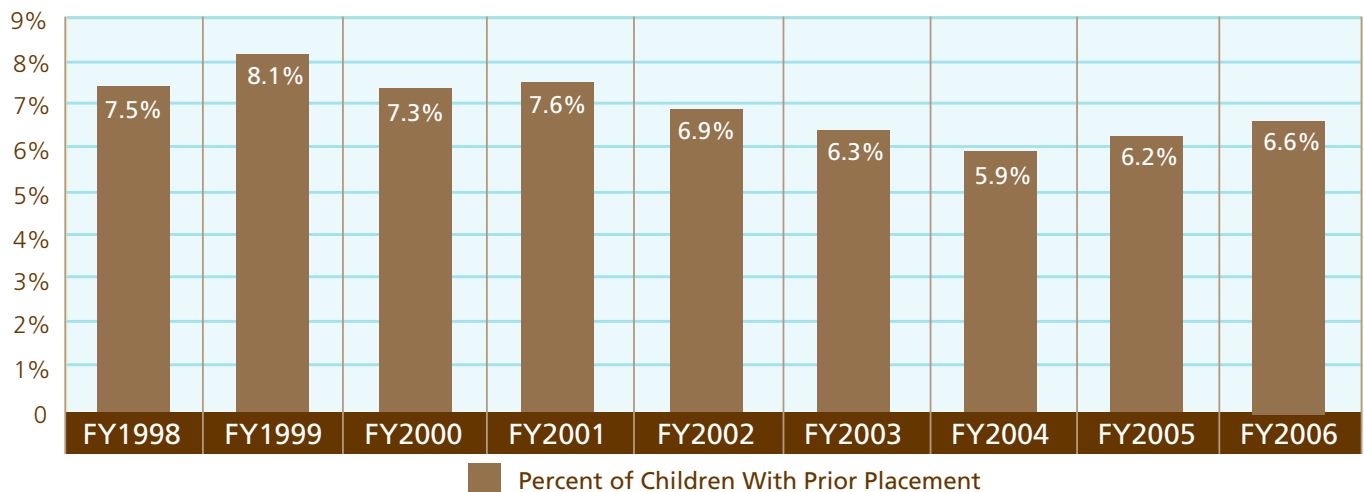
The Children's Administration requires thorough safety and reunification planning before children who have been removed from their home can be returned to the care of their families.

Families must demonstrate that necessary changes have been made and show a willingness to participate in any ongoing services that the administration and other involved parties have agreed are in the best interest of the child or children returning home. These services may include parental participation in therapy, substance abuse treatment and aftercare programs, mental health assessments, domestic violence assessments and treatment, parenting classes, or other educational or supportive experiences that will help parents to better care for their children upon reunification.

After a low of 5.9 percent in Fiscal Year 2004, the prior placement rate has increased over the past two years to 6.6 percent in Fiscal Year 2006.



Children in Placement Due to Abuse or Neglect With Prior Placement Due to Abuse or Neglect*



*Percent of children placed in out-of-home care for abuse or neglect who had returned home from a prior placement for abuse or neglect within 12 months of being placed again. Both placements must have lasted for more than three days in order to exclude 72-hour emergency placements due to temporary incapacitation of parents. Source: September 2006 CAMIS download.

OBJECTIVE:
MEASURED BY:

Improve safety for children placed in out-of-home care
Foster homes receiving health and safety checks

Foster parenting can be incredibly rewarding. It is also a challenging role: families wishing to foster children must undergo detailed background checks, attend training, and demonstrate competencies in a variety of areas associated with caring for children.

In addition, the homes or facilities where children in state care live must meet strict licensing standards. The buildings and surrounding grounds must be free of health and safety hazards and must offer children adequate personal space and privacy. The administration takes great care to prevent children who have been harmed in their own homes from being harmed in out-of-home care.

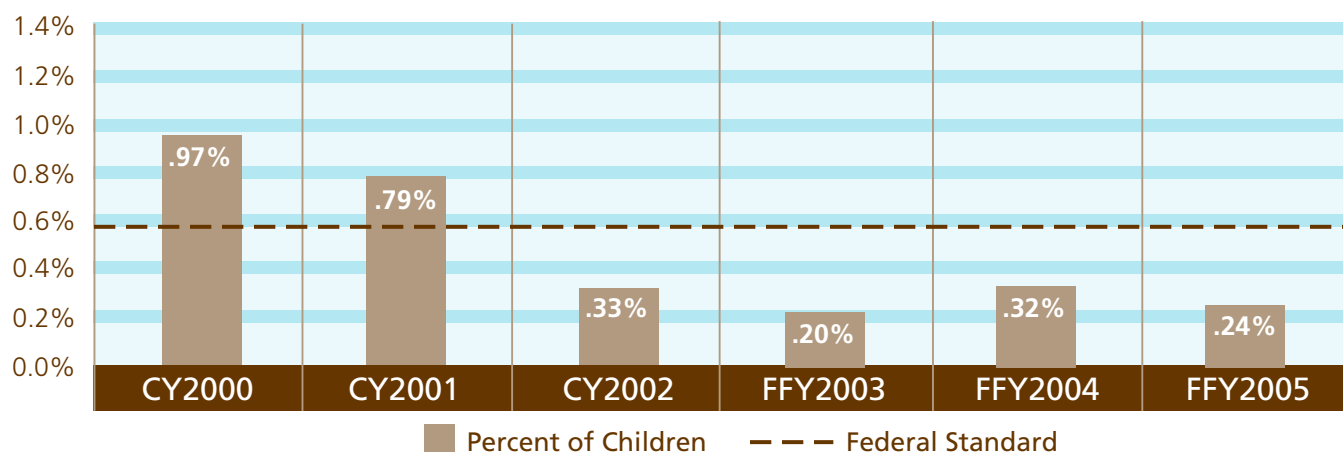
It is never acceptable for children to be abused or neglected in state care, and the administration has demonstrated considerable progress toward reducing the percent of children who experience abuse or neglect in licensed care. The federal standard requires that less than .57 percent of children in licensed care experience abuse or neglect while in out-of-home placement.

Washington State's performance has been significantly better than the federal standard for the past four years. The administration has placed greater emphasis upon risk assessment and has improved training for foster parents and social work staff on caring for children in licensed care.

In Federal Fiscal Year 2005, Children's Administration staff investigated over 1,600 allegations of child abuse and neglect in licensed foster homes and group care. The rate that children in care were found to be the victims of substantiated child abuse and neglect dropped from 0.32 percent to 0.24 percent of children in placement between Federal Fiscal Years 2004 and 2005.

The administration strives to protect all children entrusted to our care and has implemented a more thorough screening process as one means by which an even greater reduction in the percent of founded allegations of abuse in licensed care may be seen in the long term future.

Children Abused or Neglected While in Out-of-Home Care*



*Percent of children in out-of-home care with a founded referral of abuse or neglect. The federal standard is .57 percent or less. Source: federal fiscal year data submitted to the National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis and Reporting System (AFCARS).

OBJECTIVE: Improve safety for children placed in out-of-home care
MEASURED BY: Foster homes receiving health and safety checks

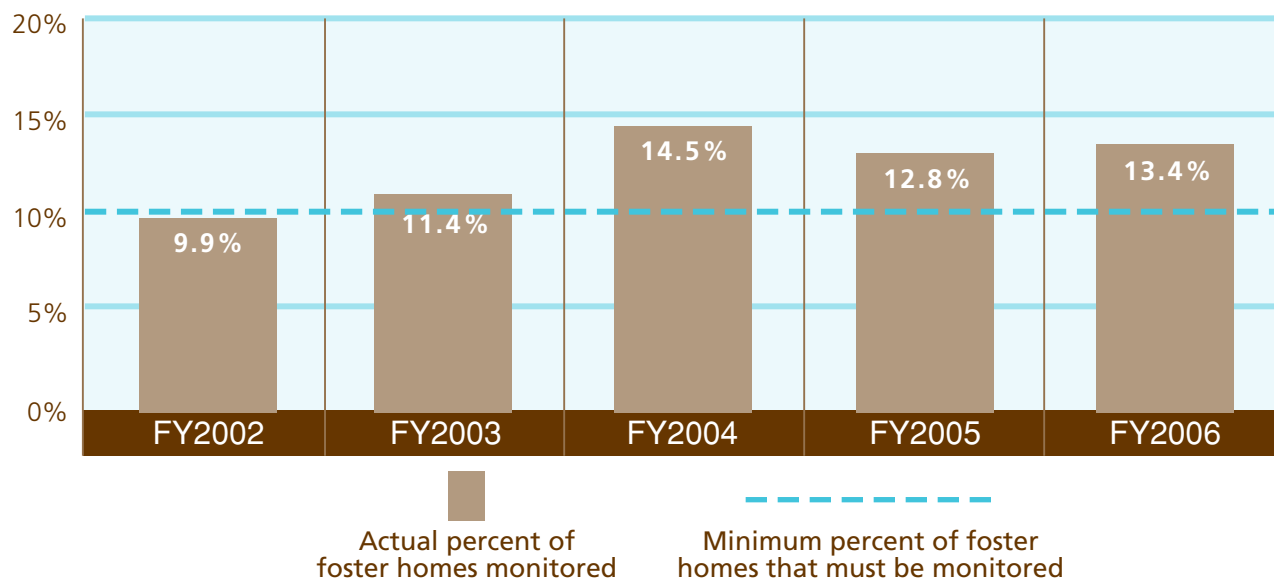
Washington State requires ongoing monitoring of licensed foster homes. "Monitoring shall be done by the department on a random sample basis of no less than ten percent of the total licensed family foster homes licensed by the administration on July 1 of each year," and reported annually. (RCW 74.13.260; RCW 74.13.031(5))

Licensors assess the condition of homes and facilities to make sure that no hazards have arisen since a license was issued and all licensing standards continue to be met.

The administration has exceeded the state requirement of ten percent of homes monitored for the past four years.



Division of Licensed Resources (DLR) Foster Homes Monitored Annually*



*Percentage of Division of Licensed Resources (DLR) foster homes with a health and safety check completed by the Division of Licensed Resources annually. Source: September 2006 CAMIS download.

CHILD FATALITY REVIEW PROCESS

The death of a child is tragic not only for the child and his or her immediate and extended family, but for the entire community. When preventable child deaths occur, communities and systems must examine and learn from these tragedies.

The Children's Administration has established the Child Fatality Review (CFR) process to increase our understanding of the circumstances surrounding a child's death in order to evaluate practice, policies, the administration's programs, and the systems involved with the child; and to improve the health and safety of children. From this review, areas needing improvement are identified, and a work plan is developed to address any identified deficits in practice, policy, or systems.

Fatality reviews are not investigations into the manner or cause of death, which are conducted by law enforcement agencies, medical examiners, and coroners.

The administration conducts a review whenever:

- The child's family had an open case with the administration at the time of the child's death.
- The child's family received any services from the administration within twelve months preceding the child's death, including a referral for services that did not result in an open case.
- The child's death occurred in a home or facility licensed to care for children.

The administration's reviews are conducted by Child Protective Services (CPS) Program Managers, and include staff that may have had direct involvement with the family and community professionals whose expertise provides a valuable contribution to the process. CPS Program Managers also work with other agencies to gather information on specific child fatalities.

Data collected since 1997 and depicted in the table and chart on these pages reflects all child deaths meeting the administration's criteria for a fatality review.

Through the analysis of this data, we hope to identify children most at risk in order to inform and support the administration in improving the protection of children and improving services to families.

Child Deaths Meeting Children's Administration Child Fatality Review Criteria*

Based upon child deaths reported to the Children's Administration (not all child deaths are reported to the administration).

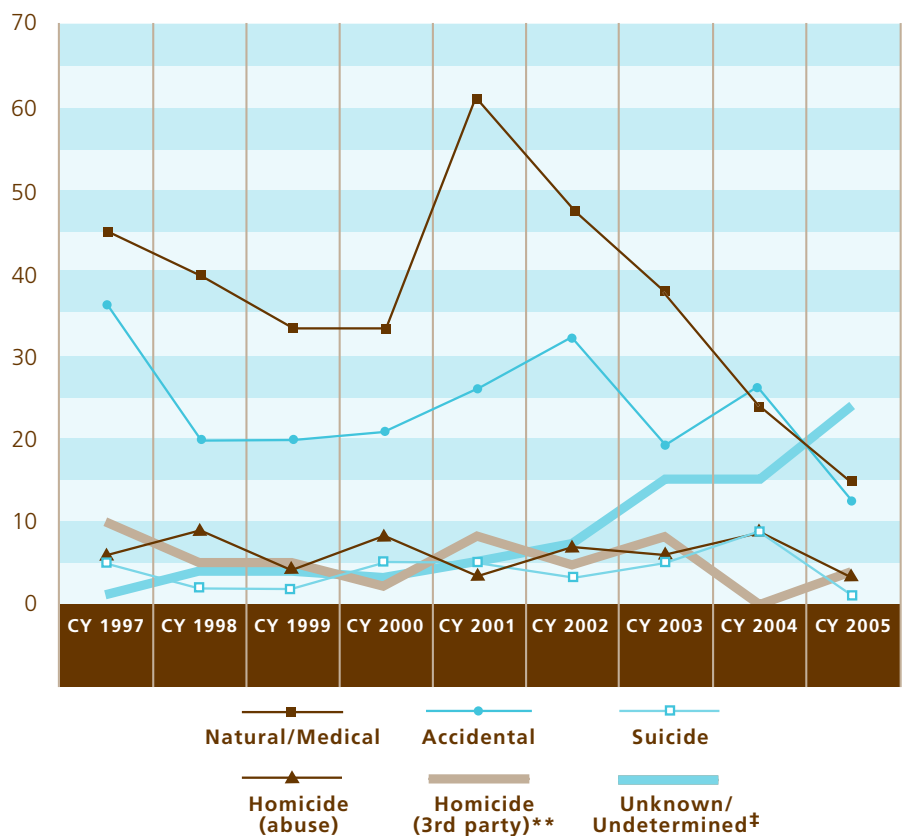
Children's Administration Statewide Child Fatality Data	CY1997	CY1998	CY1999	CY2000	CY2001	CY2002	CY2003	CY2004	CY2005
Total number of child fatalities meeting the criteria for internal child fatality reviews	103	79	68	72	108	101	90	83	59
■ Manner of death - Homicide (abuse)	6	9	4	8	3	7	6	9	3
■ Manner of death - Homicide (3rd party**)	10	5	5	2	8	5	8	0	4
■ Manner of death - Suicide	5	2	2	5	5	3	5	9	1
■ Manner of death - Natural/Medical	45	39	33	33	61	47	37	24	15
■ Manner of death - Accidental	36	20	20	21	26	32	19	26	12
■ Manner of death - Unknown/Undetermined†	1	4	4	3	5	7	15	15	24

An Executive Child Fatality Review may be convened by the administration's Assistant Secretary in select cases when a child dies of apparent abuse and/or neglect by their parent or caretaker, and the case was actively receiving services at the time of the child's death. Participants are appointed by the Assistant Secretary and are individuals that had no involvement in the case, but whose professional expertise is pertinent to the dynamics identified in the case. The administration convened one executive review during Calendar Year 2005, and completed the review during Calendar Year 2006.

The administration has continued to improve systems for tracking child fatalities, both through the Case and Management Information System (CAMIS) and the Administrative Incident Reporting System (AIRS). Both systems provide an electronic alert that notifies appropriate staff in the event of a child's death. The AIRS also maintains specific information about each fatality, collects aggregate data, and provides a format and recording document for fatality review teams. Information from these systems is summarized in the administration's Annual Child Fatality Report. Beginning with the 2004 report, information on near fatalities and neglect will be available.

The number of child fatalities that require a review by the administration has decreased over the past five years. Of those fatalities that require review, the number of child deaths resulting from natural/medical or accidental causes has decreased. The number of deaths caused by homicide or suicide has remained relatively constant, with fewer than ten deaths in each category each year. The increase in the number of child fatalities where the cause of death is unknown or undetermined is due in part to ongoing investigations, and in part to an increase in the classification of Sudden Infant Death Syndrome (SIDS) fatalities as undetermined.

Trends of Child Fatalities Meeting Children's Administration Child Fatality Review Criteria*



*Calendar year data is based upon reports as of November 2006, and may change as new reports become available.

Source: Administrative Incident Reporting System (AIRS).

**Third party abuse involves the abuse of a child by someone other than that child's parent or guardian.

‡The manner of death was unknown or undetermined by coroners or medical examiners at the time reports were filed with the Children's Administration.